

16/800189

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILED DATE
							APPLICANT(S)	
							CLAIMS	
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			
	IND	DEP	IND	DEP	IND	DEP		
1	1		1				51	
2		1		1			52	
3		2		2			53	
4		1		1			54	
5		2		2			55	
6		2		2			56	
7		2		2			57	
8		2		2			58	
9		2		2			59	
10		2		2			60	
11		2		2			61	
12		1		1			62	
13		2		2			63	
14	1		1				64	
15		1		1			65	
16		1		1			66	
17		1		1			67	
18	1		1				68	
19		1		1			69	
20		1		1			70	
21	1		1				71	
22	1		1				72	
23	1		1				73	
24		1		1			74	
25	1		1				75	
26							76	
27							77	
28							78	
29							79	
30							80	
31							81	
32							82	
33							83	
34							84	
35							85	
36							86	
37							87	
38							88	
39							89	
40							90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.	7		8				TOTAL IND.	
TOTAL DEP.	27		40				TOTAL DEP.	
TOTAL CLAIMS	34		48				TOTAL CLAIMS	